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COMMUNITY AMBULANCE SERVICE

What are cities doing to insure proper ambulance service?

During the past year MIS has received a number of inquiries about many phases of community ambulance service. Three questions typify the information sought:

1. "Does MIS have any information on the regulation of private ambulances, particularly as to adequacy of service and speed laws?"
2. "This city maintains a municipal ambulance service within the police department. Citizens are complaining that the service costs too much. We need information on city-operated service in other cities, and arrangements made by other cities not operating ambulances."
3. "Our city is faced with the discontinuance of private ambulance service. Have other cities faced this problem?"

The answers are that few cities regulate ambulances; few cities operate ambulances or make other arrangements for service; and few cities have faced the discontinuance of private service. However, let a speeding ambulance have a serious accident, let a patient die because of poor care by ambulance attendants, or let private operators stop providing service, then the city council is faced with demands for action.

The purpose of this report is to discuss the problems of regulation, city operation, city contracts for private service, and how cities have solved the problem of loss of private service. To provide current information, Management Information Service surveyed cities, selected by random sample, to represent population groupings of over 100,000; 25,000 to 100,000; and 5,000 to 25,000. A total of 210 out of 300 cities responded: 31 cities over 100,000; 74 cities between 25,000 and 100,000; and 105 cities between 5,000 and 25,000.

Who Provides Ambulance Service?

Figure 1 shows that few cities directly provide ambulance service, either emergency or routine service. Emergency service involves calls where an ambulance is needed immediately; routine service is the use of ambulances to transport people from or to a hospital or convalescent home where persons can schedule such trips.

Figure 1 is based on the 210 reporting cities. It should be made clear that all cities shown as operating routine service also operate emergency service. Thus the total number of cities operating any type of ambulance service is 50.

Emergency Service. Only 50 cities operate emergency ambulance service, and the majority of these (32) supplement available private service. Distribution by population group is as follows: over 100,000 -- eight out of 31 cities; 25,000 to 100,000 -- 24 out of 74 cities; and 5,000 to 25,000 -- 18 out of 105 cities.

Routine Service. Routine service generally is privately operated. Of 210 reporting cities, 17 directly provide routine service, and 10 of these 17 supplement private service. Three cities over 100,000 offer routine service supplementing private service. Cincinnati, Ohio, does operate limited routine ambulance service for patients of its city-operated general hospital. In the population group

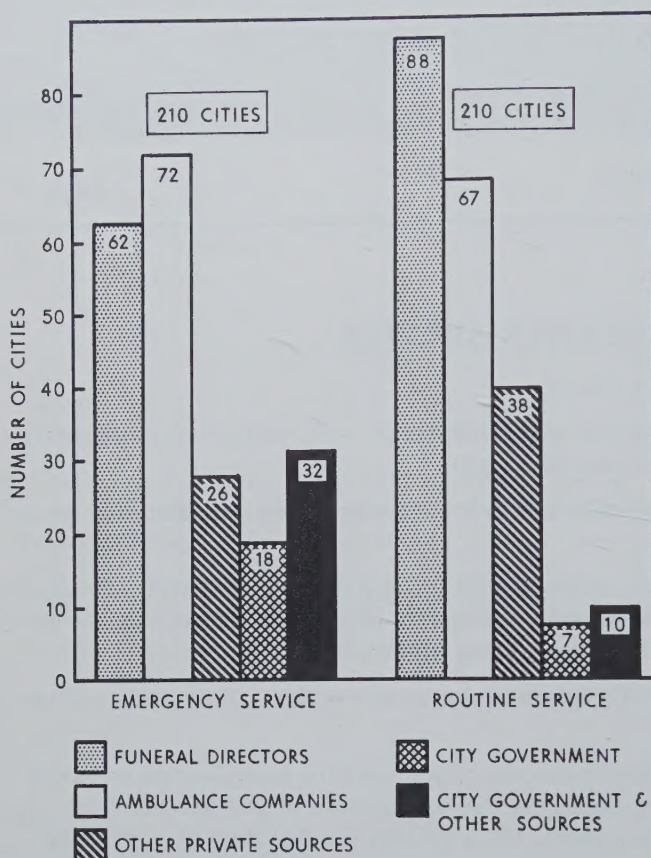


Figure 1 — Agencies Providing Ambulance in 210 Cities.

of 25,000 to 100,000, five cities operate ambulance service and between 5,000 and 25,000, nine cities.

Private Ambulance Regulation

Extent of Regulation. With so few cities operating ambulance service it would seem logical that many cities would regulate ambulances. But this is not so. Only 23 per cent of the reporting cities (49) have any regulatory provisions, other than speed restrictions. Table 1 summarizes the findings by population groups.

Why Regulation? There are three reasons: quality, safety, and availability of service. Most people on seeing a fast-moving ambulance, red light blinking, siren wailing, have the image of a sick or injured person receiving the "best of care." It is assumed the ambulance operator is well trained.

All too often, however, the injured or sick person is not receiving the best of care. The following facts appeared in an article summarizing the findings of a joint committee on ambulance service representing the American College of Surgeons, the American Association for the Surgery of Trauma, and the National Safety Council. (Hereafter this group will be referred to as the "joint committee.")

1. That 25,000 to 30,000 persons per year are crippled because of improper care and transportation after an accident — 25 per cent of those permanently disabled in traffic accidents.
2. That a significant number of untrained personnel are handling traffic casualties in a number of cities.
3. That speed is seldom if ever a factor in saving a life; that the speeding ambulance results in more deaths than it saves.

Table 1
Cities Regulating Ambulances

Population Group	No. Cities Reporting	No. Cities with Regulations	Equipment Standards	Attendant Standards	Specific Speed Regulations	Specific Speed Regulations Only
Over 100,000	31	17	11	11	7	4
25,000 to 100,000	74	20	10	13	8	16
5,000 to 25,000	105	12	5	9	6	26
Total	210	49	26	33	21	46

4. That all too often the sick and injured are being transported in patrol cars, not equipped ambulance-type vehicles.¹

Are There Guides for Regulation? Yes, even though only a small number of cities now regulate ambulances. The National Institute of Municipal Law Officers has prepared a model ordinance, and MIS has a number of good ordinances for loan. Further, the joint committee referred to above has recommended that each city and state adopt a program for the care of the injured as follows:

1. "Emergency medical care should be carried out at the scene of the accident to permit the safe transportation of injured to medical facilities by the personnel of the casualty-carrying vehicles....

2. "Ambulances and dual purpose cars should be used for transportation of the injured....

3. "Casualty-carrying vehicles should be adequately equipped for the splinting of fractures, control of hemorrhage, dressing of wounds, and rendition of oxygen.

4. "All personnel who attend traffic casualties (ambulance personnel, policemen, firemen and others) should have training in first aid and emergency medical care equivalent to that of the advanced course given by the American Red Cross, and, in addition should be given annual refresher courses.

5. "Equipment of ambulances, and training of ambulance personnel should be regulated by city ordinance and/or state statutes which carry penalty clauses sufficient to effect compliance with the law.

6. "Ambulances should adhere to all rules and regulations concerning traffic control...."²

The important elements to cover in an ordinance are:

License. Although several cities regulating ambulances do not require a license, it is an effective administrative tool to enforce provisions of ordinances. Forty-three out of the 49 cities (Table 1) regulating ambulances require licenses. Five approaches are used.

First is to license annually a person to engage in the ambulance business, provided certain qualifications are met. Second, each ambulance vehicle can be licensed by the municipality annually in accordance with standards. Third, a combination of one and two can be used — licensing both owner and ambulance. Fourth is to issue a license or permit that has an indefinite term, except if revoked for cause. Fifth is to issue a license based on standards and the "public convenience and necessity."

In the first four methods standards are based on a person's personal character and his competence to operate the ambulance. The fifth method goes one step further; licensing is not only to guarantee service standards but also to control the number of ambulances operated in the city. The "public convenience and necessity" clause is frequently found in ordinances regulating taxicabs. The theory is that ambulance service is a "public utility" and that excessive competition results in poor service. The determination of "public convenience" is based on public need, financial responsibility of the applicant, rates to be charged, equipment to be used, increased traffic congestion, and other factors. Such determination generally is made by the city council, but the National Institute of Municipal Law Officer's model ordinance gives the power to the license officer. Some cities now using the public convenience and necessity clause are Wichita, Kansas; Burbank and Riverside, California; and Fort Worth and Waco, Texas.

License fees vary, ranging from \$5 to \$100 per year. The fee should bear some relationship to cost of administering the regulations. Almost all ordinances prohibit license transfers except for vehicle replacement. Some cities charge a transfer fee. All ordinances provide for revoking a license if an operator does not continue to adhere to standards.

¹"The Myth of the Speeding Ambulance," *Traffic Safety*, January, 1960, pp. 8-9, 42.

²Oscar P. Hampton, Jr., M.D., F.A.C.S., "Transportation of the Injured" (report of the Joint Policy Committee of the American College of Surgeons, American Association for the Surgery of Trauma, and the National Safety Council), 1959, 9pp.

Rates. Some ordinances do not mention rates that a private operator may charge; others require filing rates; and still others control rates. For example, Upland, California, specifically sets the charge for service — at present \$12 for the first mile, and \$1 per mile thereafter. Wichita, Kansas, provides that an operator must charge the rates set forth in the license application and may not raise them except on approval of the city commission. Tacoma, Washington, provides that the city manager may set rates for all ambulance service requested by the police department.

Equipment Standards. This is one of the essential provisions, but only 26 of the 49 cities regulating ambulances provide equipment standards. Ordinance provisions range from "suitable from the standpoint of health and sanitation" to specific requirements. Decatur, Illinois, among other things requires: (1) separation of driver and patient compartments, (2) an oxygen therapy unit, (3) various types of medical and first aid supplies, (4) splints, (5) two-way radio, and (6) an auxiliary cot to supplement the standard cot. As noted above the joint committee felt that all ambulances used for transporting injured persons should be equipped with splints and equipment to control hemorrhage, and to administer oxygen. A few ordinances set less stringent standards for ambulances used only for transporting nonemergency cases.

Inspection. An effective ordinance should have "teeth." Thus it is desirable to inspect ambulance equipment to see that it meets standards and is mechanically safe. Only 24 of the 49 cities provide for inspection. Inspections are usually made by the police chief or health officer or their agents. Frequency varies from once a month to annually.

Standards for Attendants. One of the major concerns of the joint committee's report was the competence of ambulance attendants. Table 1 shows that only 33 cities have established standards for attendants. Those that do usually require the attendant to obtain a license. The license standards are related to character, age, and training. Nineteen cities require first aid training equivalent to a Red Cross standard or advanced certificate; 19 cities established a minimum age, usually 21; and five cities require driver training. The San Jose, California, requirement is typical:

Attendants' Qualifications. Every ambulance when in service shall be accompanied by at least two men both of whom have certificates from the Health Officer permitting them to act as such attendants. The Health Officer is authorized to issue certificates for such purpose in accordance with such regulations and procedures and conditions as he may prescribe; provided, that no certificate shall be issued to anyone who does not possess the qualifications, including but not limited to, the technical and practical knowledge of First Aid and the application and use thereof, sufficient to satisfy the requirements and standards prescribed by the American Red Cross for the issuance of a standard First Aid certificate. The Health Officer shall establish and appoint a board of persons to examine applicants for such certificate and make recommendations to the Health Officer respecting the issuance and nonissuance of certificates. The Health Officer may prescribe means and procedures in addition to or in lieu of these specified herein with regard to the issuance of certificates provided that in no event may certificates be issued to persons not possessing the minimum qualifications with respect to knowledge of and application of First Aid.

Insurance. A city should require that all ambulance owners carry liability insurance and hold the city harmless from any liability resulting from the operation of ambulances. Thirty of the 49 cities regulating ambulances provide for insurance coverage; limits range from \$5,000 for property damage, \$15,000 for injury or death to one person, and \$20,000 for injury or death to more than one person to as high as \$10,000 - \$100,000 - \$300,000.

Service. A few ordinances have provisions to assure availability of service. Decatur, Illinois, service standards are high: (1) operators must maintain 24-hour service, with a minimum of two ambulances, with at least one in reserve; (2) operators must maintain in their office at all times a telephone and licensed radio operator; and (3) when in service an ambulance must carry two qualified persons. Most ordinances that establish service standards simply require 24-hour service. A few ordinances also require radio equipment.

Eugene, Oregon, has an interesting provision designed to insure continuation of service. An operator must file a \$1,000 bond guaranteeing service without interruption during the license period, except that if he gives 60 days notice that service will be discontinued the bond is not forfeited.

Speed Regulations. The speeding ambulance seldom saves lives. Yet comparatively few cities (67 out of 210) establish a specific speed limit. In Table 1, 21 of the 49 cities regulating ambulances

and 46 other cities have speed regulations.) Another 101 cities allow the ambulance driver to exceed the speed limit provided he "does not endanger life or property." Among this group some ordinances state that the ambulance operator does not have immunity from liability.

The speeding ambulance had been condemned prior to the joint committee report. Two doctors reported in *Traffic Safety* on their review of 2,500 ambulance runs to determine if speed saves lives. They concluded that haste in transporting the injured was unnecessary in 98.2 per cent of the cases; in 1.8 per cent proper care at the scene was necessary, but a speeding ambulance could have increased the severity of the injuries.³

Specific speed limits are of three types. First, the driver must obey all speed laws (39 of 67 cities). Second, the driver may exceed the speed limit by so many miles per hour (13 cities). Third, the driver must adhere to a specific maximum speed for ambulances (15 cities). Some cities vary the maximum speed depending on the type of street. As an example 30 miles per hour for business district streets, and 50 miles per hour for all other streets. Besides limiting speed a few cities either require that the ambulance operator must obey all traffic lights and stop signs, or require the operator to slow down to five or 10 miles per hour before proceeding through an intersection.

Sirens. The most common restriction is that the siren will be used only under emergency conditions (see Table 2). Frequently such a provision is coupled with penalty provisions for improper use. Other restrictions (Table 2) include use only for proceeding through intersections; use at discretion of the operator; use only when necessary for safety; use only during periods of heavy traffic; and use for specific types of cases or on the order of a doctor.

Some authorities advocate the removal of the siren from the ambulance. It is felt that a siren gives the driver a false sense of safety and leads to accidents. In 1953-54 Kings County Hospital Center, New York City, conducted a number of tests and studies of speeding ambulances and the use of sirens. A letter by Dr. I. Magelaner, medical superintendent, explaining the results of the study appeared in the National Safety Council's *Safety Newsletter* for February, 1955.

For several years it was our contention that the major cause of ambulance accidents was too much reliance on the part of the drivers on the sirens and the fact that the drivers were not required to obey normal traffic regulations. We felt that if the sirens were removed and drivers required to obey normal traffic regulations, it would not result in any great increase in the amount of time required to answer an ambulance call and it would have no adverse effects on the patients. We therefore requested and obtained permission from the Commissioner of Hospitals of the State of New York to conduct a pilot study on the matter. Two things were done: (a) the sirens were removed from ambulances and other vehicles, and (b) an order was issued that all vehicles were to obey normal traffic regulations. We feel that this latter directive must accompany the conditions under which sirens are silenced. This is based on our experience gained, when under civil defense regulations, the sirens were removed, but the drivers were not required to obey traffic regulations. The accident rate increased under those conditions.

Our study started on October, 1953, and continued to the end of July, 1954.

In order to have similar weather and other conditions we compared our findings with the same period for the ten months from October, 1952, to the end of July, 1953. We find that during the 1952-53 period, with sirens and not obeying traffic regulations, our accident rate was .00111 whereas during the 1953-54 period, with no sirens and obeying traffic regulations it dropped to .00045, a decrease of approximately 60 per cent. We feel that there will still be greater declines in accident rates for the reason it required several months to re-educate the drivers to obeying normal traffic regulations. As a matter of fact, it was necessary to take disciplinary action on several occasions in order to put some "teeth" in the order.

Only two cities prohibit ambulance sirens and require that all normal traffic laws be obeyed—San Antonio, Texas, and Eugene, Oregon. New York City is known to follow this policy. The Texas Municipal League reports that Eagle Lake, Tulia, and Spearman, also prohibit the use of sirens but do not restrict speed.

One problem in regulating sirens and the speed of ambulances is that a number of states have legislation in this area. As an example, Toledo, Ohio, reported that state laws specify the use of

³George J. Curry, M.D., and Sydney N. Lyttle, M.D. "The Speeding Ambulance -- Does It Save Lives?" *Traffic Safety*, August, 1958, pp. 7-41.

Table 2
Ambulance Siren Regulations

Population Group	Number of Cities Reporting	Prohibit Use	Emergency Use Only	Other	No Regulations
Over 100,000	29	1	21	0	7
25,000 to 100,000	72	1	46	3	22
5,000 to 25,000	98	0	48	6	44
Total	199	2	115	9	73

sirens on emergency runs. Gastonia, North Carolina, requested the city attorney to give an opinion as to the city's right to control siren use and speed of ambulances. His opinion was that state law treated ambulances in the "privilege" class when on an emergency call and that the city could not legislate in the area but only attempt strict enforcement of the emergency vehicle traffic laws.

Other Considerations. Two other regulations appear in existing ordinances. First, some cities require that records of all calls be kept and that a report of all injury cases be reported to the police department within specified time. Where the provision is not found, hospitals are usually required to make the notification. Second, approximately 62 per cent of the cities having ordinances prohibit all ambulances from going to the scene of an accident occurring on public property unless dispatched by an authorized agent.

City Operation

Cities enter the ambulance business because a need exists, and the city is responsible for traffic accident injuries. Frequently the purchase of an ambulance-type vehicle and the provision of service is assumed most reluctantly. This is understandable because this service causes a number of headaches and unquestionably costs money. Decisions that have to be made are:

1. What type of service will be offered — i.e. emergency, routine, or both?
2. What city department will provide the service?
3. How will the service be financed?
4. Related administrative problems.

The large cities, over 500,000, have operated ambulances for a number of years. Some cities under 500,000 operate emergency vehicles only to be used in case of extreme emergencies or for civil or natural disasters.

The case of Petaluma, California, is typical of how cities get into the ambulance business. In 1944 the city faced the loss of all ambulance service from private operators. The city therefore undertook the service on the assumption it would eventually revert to private enterprise. In 1947 private operation was resumed, and the city's ambulance service was placed on a stand-by basis. In 1950, however, the city once again faced the loss of private service. Then in 1953 the council adopted a resolution which for all intent and purposes made ambulance service a permanent city function.

Type of Service. As Figure 1 shows, few cities operate ambulances. Those that do largely provide emergency service only. But what constitutes emergency service is difficult to define. The city should establish a definite policy of the types of cases that will qualify. Of the 50 cities operating *emergency* ambulance service, 41 indicated the type of cases handled as follows:

Accidents occurring on public streets	6
Accidents occurring in public buildings	4
Emergency illnesses (heart attack, for example), occurring on public streets	6
Emergency illnesses occurring in public buildings	3
Accidents occurring on private property	0

Emergency illnesses occurring on private property	3
All of the above	31
Only in extreme emergency when private service is not available	4

Departmental Operations. Most cities (32) locate the service in the fire department regardless of population. The next most frequent department is police (12 cities). Of the remaining five cities, three have joint police-fire operations; one owns the ambulance but contracts its operations to a private operator; and one (Cincinnati, Ohio) operates ambulances in the police, fire, and general hospital departments.

The fire department is the most frequent choice for several reasons. First, firemen are available because in most cities they have relatively few functions other than fighting fire. It is easy to dispatch a vehicle manned by firemen from a central station. Second, the training of firemen includes first aid, the basic knowledge needed by ambulance attendants. Third, one of the traditional functions of the fire department is saving lives. Police departments frequently are assigned the task because ambulance vehicles can be made to serve two purposes. (The discussion of types of vehicles and the use of multipurpose vehicles follows in the section on "Related Administrative Problems").

Financing Ambulance Service. Cities that operate ambulances have to support the service from the general fund. A few cities have received initial donations to purchase a vehicle.

Few cities charge for service: 11 out of the 50. Ten of these 11 cities offer both routine and emergency service. Appendix A shows rates of the 11 cities.

Expenditures were reported by 26 of the 50 cities. The other 24 reported no accurate data available or expenditures absorbed in departmental budget. Few cities keep complete cost records. Berkeley, California, reports annual expenditures of \$13,273 or \$4.99 per run based on cost records of manpower, equipment operation, and depreciation, overhead, and supplies. The highest cost reported was Dayton, Ohio, \$69,971 based on manpower, equipment operation, and supplies. Some cities reported costs of under \$1,000 but did not account for manpower costs.

Related Administrative Problems. The manner in which the service is operated naturally effects costs: full or part-time crews, type of vehicle, vehicle equipment, and screening of calls.

1. One of the large items of expense is manpower and whether to assign a full-time crew to ambulance service on a round-the-clock schedule. Only Norfolk, Virginia (333,000); Dayton, Ohio (300,000); Richmond, Virginia (242,000); Glendale, California (119,000); Springfield, Ohio (84,000); Council Bluffs, Iowa (57,429); Middletown, Ohio (45,000); and Lachine, Quebec (38,744), report full-time crews. All these cities use a driver and a trained attendant. As would be expected, these cities have an average of at least eight calls per day.

The remaining cities combine ambulance crew duties with other work, usually that of policemen or firemen. Employees assigned ambulance duties are specially trained in first aid. Excluding Cincinnati because of its three-department operation, only Berkeley, California, and Alexandria, Virginia, have over 1,000 calls per year.

When the fire department is assigned the function, the ambulance usually is centrally located in a fire station, and company firemen are assigned to man the ambulance. This type of assignment, however, can bring deficiency points in fire insurance ratings made by the National Board of Fire Underwriters.

When police officers are assigned to ambulances they most frequently are motorized beat vehicles, dispatched as needed. Cincinnati has one or two station-wagon-type vehicles in each district which serve as generalized patrol cars and ambulances. Berkeley, California, operates a regular ambulance from its police department service division. Sworn police officers assigned to records, jail, and identification bureau leave assigned duties when an ambulance call is received. These officers receive special training.

2. The MIS survey indicates a trend away from the regular ambulances to converted station wagons. The station wagon can be fully equipped, costs a great deal less initially, and can be used for police patrol. When a city has to assume ambulance service, it should consider the converted

station wagon because it can be used as a regular patrol car. At present one-half of the 50 cities use this type of vehicle, even when the function is assigned to the fire department. Figure 2 illustrates this type of vehicle.

The great majority of cities carry at least the minimum equipment recommended by the joint committee: oxygen, tourniquet, splints, and medical supplies. A few cities have "emergency vehicles," such as Harper Woods, Michigan, which carry ropes, jack, stretchers, and other emergency equipment (see Figure 3). Such a vehicle is used also for natural disasters, such as large fires, explosions, and the like.

3. If the city limits service to emergencies only, screening calls becomes a problem. Once the city is in the business, people will call the city when in need of ambulance service — particularly if it is free. The chief of the Springfield, Ohio, fire department reported:

Several years after the Springfield Fire Division inaugurated the Emergency Truck service, we became aware of a decided increase in ambulance service particularly when called by the Emergency Crew. Eventually, when they would respond at all, they would send one man and ask the Emergency Crew to wait and help load the patient.

This type of service led to a called meeting of the Funeral Home Owners and the City, including the Fire Chief. At this meeting the City was informed that ambulance service was a losing proposition to the Funeral Directors, and that they wished to get out of the business entirely. . . .

It was pointed out to them rather strongly that the Fire Division operated merely on an emergency basis, responding only to accidents and sudden illness. All other calls would be refused even if the Emergency crew had been misled and responded to a call.

Since that time, we understand, the Funeral Directors have employed night crews, and at the present time are taking care of their ambulance service as needed.

Glendale, California, stated that although illnesses and accidents of an emergency nature occurring on private property are not supposed to be answered by the city, the city does answer such calls rather than risk the consequences of haggling as to the nature or location of the emergency.

Cities that attempt to limit the use of the city ambulance follow one of several methods: the dispatcher screens calls, refusing the most obvious cases that do not qualify; the dispatcher, if in doubt, sends beat patrolman to investigate; the ambulance crew on arrival refuses to handle the case if it is not an emergency as defined by city policy.

Supplemental Service. The extent of emergency service offered by the 32 cities supplementing private ambulance service varies. Some cities respond to all emergency calls; others respond only when private service is not available. Still others respond to all emergency calls with a rescue unit but not to transport people except when private service is not available; seven cities report this method.

An actual case history illustrates the operation of a rescue squad not offering ambulance service except when private service is not available. On the morning of April 30, 1960, the Park Forest, Illinois, police department received a call from a frightened woman. "My mother-in-law fell — I can't get a doctor — she's unconscious.

"Address please" asked the police dispatcher. With a few minutes the integrated police-fire department crew responded with a converted station wagon and administered first aid. Further, through an established list of "on-call doctors" the department dispatched a doctor. The victim did not need to be transported to the hospital, but if she had a private ambulance would have been called.

The public relations value of this service cannot be overlooked. The family involved had nothing but praise for the city.

City Contracts

A total of 42 cities out of 160 cities not operating an ambulance assume varying degrees of responsibility for the service. These cities have contracts or agreements with private operators to provide service, either emergency, routine, or both. Table 3 shows, by population group, the type of service covered and the number of such agreements that place financial responsibility on the city.



Figure 2 — Converted Station Wagon Police Ambulance, Cleveland Heights, Ohio



Figure 3 — Emergency Vehicle, Harper Woods, Michigan.

Table 3
Cities Having Agreements for Ambulance Service

Population Group	Number of Cities Reporting	Type of Service		Financial Responsibility
		Emergency	Emergency & Routine	
Over 100,000	31	7	4	6
25,000 to 100,000	74	10	4	12
5,000 to 25,000	105	7	10	10
Total	210	24	18	28

Two cities, Glendale, California, and Muskogee, Oklahoma, have agreements with private operators as well as operating a city service. The Glendale service agreement costs approximately \$2,200 per year. Muskogee's agreement does not cost the city any money; its agreement is in the form of a license to one company only.

Types of Agreement. Basically there are two types of agreements. First is the arrangement where the city assumes no financial responsibility. Such an agreement usually is concerned with how emergency calls will be handled and distributed among different companies. Toledo, Ohio, has such an agreement with 15 private operators. The agreement provides that the companies will provide service and will not hold the city financially responsible for any call. For its part the city will rotate emergency calls among operators and will call the nearest company when possible.

The second type of agreement provides that the city will assume some financial responsibility. Table 3 shows that 28 cities have this type of agreement. Actual methods of payment are discussed below under "Methods of Payment." Out of the 28 cities only five make any payment for routine service.

Choice of Agency. Generally the cities with agreements either negotiate them, include all qualified operators, or request bids. Only seven of the 28 cities reported asking for bids: San Diego, Long Beach, and San Marino, California; Des Moines, and Sioux City, Iowa; Grand Forks, North Dakota; and Oakville, Ontario, Canada.

Many cities do not take bids because of lack of competition. Des Moines, Iowa, for several years received bids, but in 1959 no bids were received and the city was forced to negotiate a contract with a local taxicab company. Long Beach, California, changed from city operation to private contract for emergency service in 1959 because of the expense of city operation. The city received one bid.

Cities in the Los Angeles area may contract with the county for service; the county in turn contracts for service with a number of private companies. Norwalk, among others, has an agreement with Los Angeles County which provides that the city pays the county for all uncollectible accounts. The county contract sets forth rate schedules for billing persons served; rates to be billed to the county, other than "dry runs"; and rates to be charged for dry runs.

Financial Arrangements. Four ways that cities agree to reimburse private operators for emergency ambulance service were reported.

1. User responsible for all costs but city pays uncollectible accounts, 15 cities
2. Flat annual rate, 9 cities
3. Billed on a specified rate for each run, 3 cities
4. City billed on a specified rate per run with minimum guarantee, 1 city

The Kalamazoo, Michigan, agreement calls for reimbursing the operator for all uncollectible accounts at a reduced rate. Basic charges are \$9 to \$10, but the city reimburses at \$6 per run. Usually agreements provide for a reduced payment for dry runs when the ambulance is requested by the city. San Diego, California, pays a subsidy of \$3 to \$3.50 per emergency call regardless of whether the company collects from the patient.

Volunteer Ambulance Companies. Four cities under 25,000 population (State College, Pennsylvania; Fairborn, Ohio; Keansburg, New Jersey; and Hastings-on-Hudson, New York) reported that the city had an agreement with a volunteer ambulance company. Two other cities reported that service was provided by volunteer groups.

The organization of volunteer groups varies. Some groups are strictly an ambulance organization; other groups operate as part of the volunteer fire department, or a club within the department; others are out-growths of civil defense units; and some are organized by industry to serve its needs, but also provide services to the city. Ansul Chemical Company has such a group in Marinette, Wisconsin.

The Keansburg, New Jersey, volunteer company, for example, is an emergency squad incorporated not for profit under state law. It owns and operates several ambulances and has a headquarters building. The squad is supported by public subscription, and the municipality contributes \$3,000 annually. State College, Pennsylvania, is served by a similar organization, but the city does not make any contribution.

Private Service Discontinued

Cities were asked if they had faced the discontinuance of private service and, if so, how the problem was solved, with emphasis on the role of the city government. Seventeen cities responded affirmatively including six cities over 50,000 population.

The reason that private operators decided to quit is financial — ambulance service is just not profitable. The experience of these cities suggest six approaches to the problem. In many cases a combination of several are necessary.

1. Stand Pat. If the city feels that the operator is making a threat to get a subsidy, the city council can stand pat — say “no, no” — but help solve the problem. Old Town, Maine, and Manhattan, Kansas, followed this course. In Old Town the funeral directors are still serving the city. Manhattan, on receiving word that ambulance service was to be discontinued, notified all interested persons — doctors, hospitals, law enforcement agencies — that state law prohibits the city (second class) from operating an ambulance or making a subsidy. An individual company volunteered to provide the service.

2. City Financial Support. This is basically the “contract method” discussed above. Greenville, South Carolina, in 1955-56 received notice of discontinuation of service. The city finally licensed an operator and agreed to pay \$100 per month to the licensed operator, justified by assuming responsibility for emergency service.

3. “Public Convenience and Necessity.” This is a method of limiting the number of ambulances. It is a licensing procedure, as discussed under regulation of ambulances, that lets the city restrict competition. Wichita, Kansas, employed this method in 1958. At present the city allows two companies to operate a total of seven ambulances. The city also pays 50 per cent of the cost of dry runs in response to calls from the police department.

4. Recruit Other Operators. Several cities have had success in interesting other parties and organizations to provide service. Escanaba, Michigan, was successful in finding someone else to enter the business; however, the city manager understands that the new operator is also having financial trouble. Provo, Utah, had to operate the service through the fire department. Because the service was not satisfactory and was reducing fire protection, the city recruited a private firm to assume the duty and agreed to \$500 per month in subsidy. Garden City, Kansas, faced the problem by declaring that the city did not feel it could assume the function, particularly since most of the ambulance service was provided outside the town. The local radio station manager proposed that the station could train its roving reporter staff to operate ambulance service. Arrangements were made, but at the last moment, the funeral directors decided to continue to operate the service.

5. Get in the Business. The city can always decide to provide the service — at least emergency service. In most cases it is wise to purchase the converted-type station wagon because it also can be used as a police car. Port Arthur, Texas, took this step in 1958 instead of paying the operator a

subsidy. The ambulance company decided to continue its operation. The city now has stand-by service and averages about 10 calls per year.

6. City-County Cooperation. Norwalk, California's, agreement with Los Angeles County was described above. Such an arrangement is not necessarily limited to the large metropolitan areas. Tooele, Utah, in 1957, solved the problem by joining with the county in subsidizing the operation. Each pays \$35 a month to a private operator.

7. Volunteer Service. The volunteer ambulance company has merit for the smaller communities. The International Rescue and First Aid Association reports: "Most volunteer squads are organized primarily because of: 1, a local tragedy or disaster without the community having the service of an organized, trained unit; and 2, residents of one community see the work and service of a unit in another community and have sufficient vision to wish to have such a unit in their own area."

Conclusions

Regulation. Ambulance service is predominantly privately operated with little public control. Nevertheless, studies of existing services strongly indicate that there is need for action, particularly in regard to regulation. The report of the joint committee highlights the need for ambulance standards, attendant standards, and traffic regulations. Guides for specific regulations are found in the experience of those cities regulating ambulances and in such studies as the joint committee report.

City Operation. Cities, particularly those under 100,000, reluctantly assume ambulance service because of limited financial resources and administrative problems. If a city provides service it should consider the use of converted station wagons operated as police patrol cars. Definite policies must be established as to what types of cases will be served and whether to charge for ambulance calls.

Subsidy. Cities have responsibility for traffic accident cases. To insure service some cities subsidize private ambulance companies. Such subsidization appears necessary in some instances if private service is going to continue. Ambulance service is not generally a profitable business. Further, several cities have found that subsidization not only solves the problem but costs less than city operation.

Discontinuance of Service. If a city faces the problem of all service being discontinued, the experience of 17 cities indicates several approaches. Do not scare, but proceed with a cautious attitude. Such a threat offers the opportunity to develop effective regulations, including the use of the "public convenience and necessity clause."

Continual Review. Finally, adequate ambulance service is not a problem that people are concerned with until there is no service, or a speeding ambulance has an accident. City officials should not wait until they must act but be fully cognizant of any potential ambulance service problem that might develop. In this way the city administration will not be surprised if the city must insure adequate service.

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Further Sources. Ordinances regulating ambulances and illustrating the different approaches discussed, bid specifications for contracting ambulance service, and contracts for ambulance service are available on loan to MIS subscribers.

Note. This report was prepared by William E. Besuden, staff member, the International City Managers' Association.

Appendix A

Rates Charged by 11 Cities for Ambulance Service

<u>City</u>	<u>Estimated Population</u>	<u>Rate Schedule</u>
Richmond, Virginia	242,000	\$10 per person.
North Vancouver, British Columbia	58,000	\$6.50 per call increase to \$9 depending on zone.
Council Bluffs, Iowa	57,429	\$10 per person.
Lachine, Quebec	38,649	\$7 per call in Lachine, \$9 to \$12 depending on area outside city.
Manhattan Beach, California	34,250	\$11 first mile and \$1.50 each additional mile.
Ferndale, Michigan	34,000	\$15 per call for routine service; no charge emergency.
Coronado, California	18,600	\$7.50 per call plus 25 cents per mile or fractional part thereof.
Salisbury, Maryland	18,000	A \$3.50 minimum charge increasing to 34 cents per mile over 12 miles and under 75, and 36 cents per mile over 75 miles.
Bend, Oregon	13,500	\$7.50 service charge and 40 cents per mile for the first 50 miles and 40 cents per mile after 50 miles on a round-trip basis.
Fairbanks, Alaska	12,500	\$25 per call plus \$1 per mile for trips outside the city.
Red Wing, Minnesota	11,200	\$3 per call in city plus 25 cents per mile for travel outside city limits.

